



## Complete Summary

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### TITLE

HIV: percentage of pediatric patients for whom one of four specified management options is documented in the medical record in every 4-month period the patient is considered unstable.

### SOURCE(S)

New York State Department of Health AIDS Institute HIV Quality of Care Program. Pediatric indicators. [internet]. New York: New York State Department of Health AIDS Institute; 2000-2004 [cited 2005 Aug 10]. [2 p]. Available: [http://www.hivguidelines.org/public\\_html/center/quality-of-care/qoc-ny-indicator/peds-indicators.pdf](http://www.hivguidelines.org/public_html/center/quality-of-care/qoc-ny-indicator/peds-indicators.pdf).

## Measure Domain

### PRIMARY MEASURE DOMAIN

#### Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of pediatric HIV-infected patients who are unstable on antiretroviral (ARV) therapy for whom one of four specified management options\* is documented in the medical record in every 4-month period the patient is considered unstable.

\*Management options:

- Regimen was changed and viral load assay performed within 8 weeks of decision
- Justification provided not to change therapy (intercurrent illness, recent vaccination, adherence intervention documented, viral load reordered, patient prefers not to change medication, resistance testing ordered, patient deemed by physician to be clinically/immunologically stable, other) and viral load assay performed within 8 weeks of decision

- Documentation that patient decides not to take medication and viral load assay performed within 4 months
- Decision made to discontinue therapy and clinical follow-up plan noted in record within 4 months

This measure is one of 12 New York State Department of Health AIDS Institute, HIV Quality of Care Program, [Pediatric Indicators](#).

## RATIONALE

The AIDS Institute is committed to promoting, monitoring and supporting the quality of HIV clinical services for people with HIV in New York State. Clinical guidelines are developed in accordance with newly emerging clinical and research developments. By developing indicators based on the guidelines, the AIDS Institute has created a mechanism for measurement of HIV clinical performance.

These indicators measure critical aspects of the HIV Clinical Management for pediatric HIV-infected patients.

Note: Although developed in New York State, these indicators are intended to be used by clinicians caring for patients with HIV in an ambulatory care setting in any locale.

## PRIMARY CLINICAL COMPONENT

HIV; antiretroviral (ARV) therapy; viral load monitoring; medication management

## DENOMINATOR DESCRIPTION

Pediatric HIV-infected patients who are unstable on antiretroviral (ARV) therapy (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

## NUMERATOR DESCRIPTION

The number of patients for whom one of four specified management options is documented in the medical record in every 4-month period the patient is considered unstable (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

## Evidence Supporting the Measure

### EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

## Evidence Supporting Need for the Measure

### NEED FOR THE MEASURE

Use of this measure to improve performance

### EVIDENCE SUPPORTING NEED FOR THE MEASURE

New York State Department of Health AIDS Institute. Clinical management of HIV infection. Quality of care performance in New York State 1999-2001. New York: New York Department of Health AIDS Institute; 2003 Sep 1. 62 p.

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

Internal quality improvement

## Application of Measure in its Current Use

### CARE SETTING

Ambulatory Care

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses  
Physician Assistants  
Physicians

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

### TARGET POPULATION AGE

Ages 6 months to 13 years

### TARGET POPULATION GENDER

Either male or female

### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

## Characteristics of the Primary Clinical Component

### INCIDENCE/PREVALENCE

More than 6,000 children younger than age 13 at diagnosis are estimated to be living with HIV/AIDS in the United States.

### EVIDENCE FOR INCIDENCE/PREVALENCE

Centers for Disease Control and Prevention. HIV/AIDS surveillance report, 2004. Vol. 16. Atlanta (GA): US Department of Health and Human Services, Centers for Disease Control and Prevention; 2005. 46 p.

### ASSOCIATION WITH VULNERABLE POPULATIONS

Minority and risk groups, including poverty populations, medically uninsured, immigrants, and homeless persons

### EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS

Centers for Disease Control and Prevention. HIV/AIDS surveillance report, 2004. Vol. 16. Atlanta (GA): US Department of Health and Human Services, Centers for Disease Control and Prevention; 2005. 46 p.

### BURDEN OF ILLNESS

Unspecified

### UTILIZATION

Unspecified

### COSTS

Unspecified

## Institute of Medicine National Healthcare Quality Report Categories

### IOM CARE NEED

Living with Illness

### IOM DOMAIN

Effectiveness

## CASE FINDING

Users of care only

## DESCRIPTION OF CASE FINDING

- All HIV patients aged 6 months to 13 years\*
- Patients who are either receiving antiretroviral (ARV) therapy, received ARV in the past, or are eligible for ARV therapy based upon current New York State ARV therapy guidelines.

\*During the quality of care reviews a more selective criteria is applied in determining which cases are reviewed: for the pediatric indicators it is all pediatric HIV-infected patients with one primary care visit in the last six months of the calendar year of review.

## DENOMINATOR SAMPLING FRAME

Patients associated with provider

## DENOMINATOR INCLUSIONS/EXCLUSIONS

### Inclusions

Pediatric HIV-infected patients who are unstable\* on antiretroviral (ARV) therapy

\*Patients whose viral load has increased by more than 1 log and absolute value is greater than 1,000; or transition in CD4% from above 25% to below 25%, or above 15% to below 15%; or downward change in immunologic class (1 to 2, or 2 to 3); or opportunistic infection (OI) or AIDS-defining condition in the last 4-month review period (new or recurrent); or patient deemed unstable by physician.

### Exclusions

- Patients with no medical visits occurring in last 6 months of year
- Patients less than 6 months and greater than 13 years of age

## RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

## DENOMINATOR (INDEX) EVENT

Clinical Condition

Encounter

Therapeutic Intervention

## DENOMINATOR TIME WINDOW

Time window precedes index event

## NUMERATOR INCLUSIONS/EXCLUSIONS

### Inclusions

The number of patients for whom one of the following four management options is documented in the medical record in every 4-month period the patient is considered unstable:

- Regimen was changed and viral load assay performed within 8 weeks of decision
- Justification provided not to change therapy (intercurrent illness, recent vaccination, adherence intervention documented, viral load reordered, patient prefers not to change medication, resistance testing ordered, patient deemed by physician to be clinically/immunologically stable, other) and viral load assay performed within 8 weeks of decision
- Documentation that patient decides not to take medication and viral load assay performed within 4 months
- Decision made to discontinue therapy and clinical follow-up plan noted in record within 4 months

Note: Decisions regarding management should be made by or in consultation with an HIV Specialist.

### Exclusions

None

## MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

## NUMERATOR TIME WINDOW

Fixed time period

## DATA SOURCE

Medical record

## LEVEL OF DETERMINATION OF QUALITY

Individual Case

## PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

## SCORING

Rate

#### INTERPRETATION OF SCORE

Better quality is associated with a higher score

#### ALLOWANCE FOR PATIENT FACTORS

Unspecified

#### STANDARD OF COMPARISON

External comparison at a point in time

External comparison of time trends

Internal time comparison

### Evaluation of Measure Properties

#### EXTENT OF MEASURE TESTING

Review tools are pilot tested by peer review agent prior to full implementation.

The sample size is constructed by a statistical consultant based on a facility's caseload to ensure reliability. A statewide HIV Quality of Care Advisory Committee reviews indicators to ensure validity.

#### EVIDENCE FOR RELIABILITY/VALIDITY TESTING

Hatton TE. (Quality of Care Program Manager, AIDS Institute - NYSDOH).  
Personal communication. 2006 Mar 13. 1p.

### Identifying Information

#### ORIGINAL TITLE

Appropriate management for unstable patients.

#### MEASURE COLLECTION

[New York State Department of Health AIDS Institute, HIV Quality of Care Program Indicators](#)

#### MEASURE SET NAME

[Pediatric Indicators](#)

#### DEVELOPER

New York State Department of Health AIDS Institute

## ADAPTATION

Measure was not adapted from another source.

## RELEASE DATE

2000 Jul

## REVISION DATE

2004 Jun

## MEASURE STATUS

This is the current release of the measure.

## SOURCE(S)

New York State Department of Health AIDS Institute HIV Quality of Care Program. Pediatric indicators. [internet]. New York: New York State Department of Health AIDS Institute; 2000-2004 [cited 2005 Aug 10]. [2 p]. Available: [http://www.hivguidelines.org/public\\_html/center/quality-of-care/qoc-ny-indicator/peds-indicators.pdf](http://www.hivguidelines.org/public_html/center/quality-of-care/qoc-ny-indicator/peds-indicators.pdf).

## MEASURE AVAILABILITY

The individual measure, "Appropriate Management for Unstable Patients," is available in Portable Document Format (PDF) from the [New York State Department of Health AIDS Institute Web site](#).

## COMPANION DOCUMENTS

The following are available:

- New York State Department of Health AIDS Institute. The HIV Quality of Care Program. New York (NY): New York State Department of Health AIDS Institute; 2004 Jun 1. 33 p. This document is available in Portable Document Format (PDF) from the [New York State Department of Health AIDS Institute Web site](#).
- A consumer's guide to quality in HIV care in New York State. New York: New York State Department of Health AIDS Institute; 2003 Sep 1. 11 p. This document is available in PDF from the [New York State Department of Health AIDS Institute Web site](#).
- New York State Department of Health AIDS Institute. Clinical management of HIV infection. Quality of care performance in New York State 1999-2001. New York: New York Department of Health AIDS Institute; 2003 Sep 1. 62 p. This document is available in PDF from the [New York State Department of Health AIDS Institute Web site](#).

## NQMC STATUS



This NQMC summary was completed by ECRI on November 15, 2005. The information was verified by the measure developer on March 13, 2006.

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